#### U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Small PHA Plan Update Annual Plan for Fiscal Year: 2003

NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

HUD 50075 OMB Approval No: 2577-0226 Expires: 03/31/2002

### PHA Plan Agency Identification

PHA Name: Housing Authority of the City of Sterling
PHA Number: CO025001/02
PHA Fiscal Year Beginning: (mm/yyyy) 04/2003
PHA Plan Contact Information:  Name: William Herrboldt  Phone: (970) 521-7157  TDD: (970) 522-0869  Email (if available): brigadon@kci.net
Public Access to Information Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)  X Main administrative office of the PHA  PHA development management offices
Display Locations For PHA Plans and Supporting Documents
The PHA Plans (including attachments) are available for public inspection at: (select all that apply)  X Main administrative office of the PHA  PHA development management offices  Main administrative office of the local, county or State government  Public library  PHA website  Other (list below)
PHA Plan Supporting Documents are available for inspection at: (select all that apply)  X Main business office of the PHA  PHA development management offices  Other (list below)
PHA Programs Administered:
XPublic Housing and Section 8  Section 8 Only Public Housing Only

#### Annual PHA Plan Fiscal Year 2003

[24 CFR Part 903.7]

#### i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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X	Attachment A: Supporting Documents Available for Review	
X	Attachment B: Capital Fund Program Annual Statement	
X	Attachment C: Capital Fund Program 5 Year Action Plan	
	Attachment: Capital Fund Program Replacement Housing Factor	
	Annual Statement	
	Attachment: Public Housing Drug Elimination Program (PHDEP) Plan	
X	Atachment D: Resident Membership on PHA Board or Governing Body	
X	Attachment E: Membership of Resident Advisory Board or Boards	
X	Attachment F: Comments of Resident Advisory Board or Boards &	
	Explanation of PHA Response (must be attached if not included in PHA	
	Plan text)	
X	Other (List below, providing each attachment name)	
	Attachment G: Conversion of Public Housing On-going Assessment	
	Attachment H: Deconcentration of Poverty-Explanation	
	Attachment I: RASS Follow-up Plan	

#### ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

#### 1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

The public housing lease has been revised to reflect the recent Supreme Court ruling pertaining to the one-strike policy.

2. Capital Improvement Needs
[24 CFR Part 903.7 9 (g)]
Exemptions: Section 8 only PHAs are not required to complete this component.
A. X Yes No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?
B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$206,000
C. X Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.
D. Capital Fund Program Grant Submissions
(1) Capital Fund Program 5-Year Action Plan
The Capital Fund Program 5-Year Action Plan is provided as Attachment C
(2) Capital Fund Program Annual Statement The Capital Fund Program Annual Statement is provided as Attachment B

#### 3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

A 1' 1'1' O 1' O 1 DITA	
Applicability: Section 8 only PHAs are not required to complete this section.	
1. Yes X No: Does the PHA plan to conduct any demolitie (pursuant to section 18 of the U.S. Housing 1437p)) in the plan Fiscal Year? (If "No", "yes", complete one activity description for	Act of 1937 (42 U.S.C. skip to next component; if
2. Activity Description	
Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Con-	
1a. Development name:	,
1b. Development (project) number:	
2. Activity type: Demolition	
Disposition	
3. Application status (select one)	
Approved	
Submitted, pending approval	
Planned application	
<ul><li>4. Date application approved, submitted, or planned for submissio</li><li>5. Number of units affected:</li></ul>	n: (DD/MM/YY)
<ul><li>6. Coverage of action (select one)</li></ul>	
Part of the development	
Total development	
7. Relocation resources (select all that apply)	
Section 8 for units	
Public housing for units	
Preference for admission to other public housing or sec	etion 8
Other housing for units (describe below)	
8. Timeline for activity:	
a. Actual or projected start date of activity:	
b. Actual or projected start date of relocation activities:	
c. Projected end date of activity:	
4 Variaban Hamaannanakin Duarum	
4. Voucher Homeownership Program  [24 CFR Part 903.7 9 (k)]	
[24 CFR Falt 903.7 9 (K)]	
A. Yes X No: Does the PHA plan to administer a Section pursuant to Section 8(y) of the U.S.H.A. of CFR part 982? (If "No", skip to next comp program using the table below (copy and coprogram identified.)	1937, as implemented by 24 onent; if "yes", describe each

B. Capacity of the PHA to Administer a Section 8 Homeownership Program  The PHA has demonstrated its capacity to administer the program by (select all that apply):  Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources  Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards  Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):
5. Safety and Crime Prevention: PHDEP Plan
[24 CFR Part 903.7 (m)] Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a
PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.
A.  Yes X No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$
C.  Yes X No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
D. Yes No: The PHDEP Plan is attached at Attachment
6. Other Information [24 CFR Part 903.7 9 (r)]
A. Resident Advisory Board (RAB) Recommendations and PHA Response
1. Yes X No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name)
3. In what manner did the PHA address those comments? (select all that apply)  The PHA changed portions of the PHA Plan in response to comments  A list of these changes is included  Yes No: below or  Yes No: at the end of the RAB Comments in Attachment

	Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment				
X	Other: (list below) No comments were received.				
	t of Consistency with the Consolidated Plan ble Consolidated Plan, make the following statement (copy questions as many times as necessary).				
1. Consolidat	ed Plan jurisdiction: Logan County, Colorado				
	has taken the following steps to ensure consistency of this PHA Plan with the ed Plan for the jurisdiction: (select all that apply)				
X	The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.  The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.  The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.  Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below) Other: (list below)				
	nests for support from the Consolidated Plan Agency b: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:				
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)					
C. Criteria for Substantial Deviation and Significant Amendments					
1. Amendme 24 CFR Part 903	ent and Deviation Definitions				
PHAs are require Significant Amer when the PHA w	ed to define and adopt their own standards of substantial deviation from the 5-year Plan and adment to the Annual Plan. The definition of significant amendment is important because it defines ill subject a change to the policies or activities described in the Annual Plan to full public hearing before implementation.				
	al Deviation from the 5-year Plan:				

Any expenditure not addressed in the 5-year plan which would exceed 50% of the allocated budgeted amount of funding provided in any given year.

#### **B.** Significant Amendment or Modification to the Annual Plan:

- \* Changes to the organization of the waiting list; or
- \* Changes in the use of Capital funds which exceed 50% of the allocated budgeted line items amounts; or
- \* Changes regarding demolition, disposition or designation of public housing; or
- \* Changes in conversion activities with the housing authority.

### <u>Attachment\_A\_</u> Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review						
Applicable & On Display	Supporting Document	Related Plan Component				
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans				
N/A	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans				
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans				
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs				
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources				
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies				
X	Any policy governing occupancy of Police Officers in Public Housing  check here if included in the public housing  A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies				
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies				
X	Public housing rest determination policies, including the method for setting public housing flat rents  X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination				

HUD 50075 OMB Approval No: 2577-0226 Expires: 03/31/2002

List of Supporting Documents Available for Review					
Applicable & On Display	Supporting Document	Related Plan Component			
X	Schedule of flat rents offered at each public housing development  check here if included in the public housing  A & O Policy	Annual Plan: Rent Determination			
X	Section 8 rent determination (payment standard) policies  X check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination			
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance			
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations			
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency			
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations			
N/A	Any required policies governing any Section 8 special housing types  check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance			
X	Public housing grievance procedures  check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures			
X	Section 8 informal review and hearing procedures  check here f included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures			
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs			
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs			
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs			
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs			
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition			
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing			

Applicable List of Supporting Documents Available for Review  Supporting Document Related Plan					
& On Display	Supporting Document	Component			
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing			
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership			
N/A	Policies governing any Section 8 Homeownership program (sectionof the Section 8 Administrative Plan)	Annual Plan: Homeownership			
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency			
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency			
N/A	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency			
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency			
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention			
N/A	PHDEP-related documentation:  Baseline law enforcement services for public housing developments assisted under the PHDEP plan;  Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);  Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;  Coordination with other law enforcement efforts;  Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and  All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.	Annual Plan: Safety and Crime Prevention			
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) X check here if included in the public housing A & O Policy	Pet Policy			

List of Supporting Documents Available for Review				
Applicable & On Display	Supporting Document	Related Plan Component		
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit		
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs		
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)		

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: Housing Authority of the City of Sterling, Colorado Grant Type and Number					Federal FY of Grant:	
		Capital Fund Program: (	CO06P02550100		10-01-00 - 9-30-01	
		Capital Fund Program				
			ing Factor Grant No:			
	iginal Annual Statement			Revised Annual Statement	(revision no: )	
	Cormance and Evaluation Report for Period Ending: 9/		ce and Evaluation Report	m	14 4 16 4	
Line No.	Summary by Development Account	Total	Estimated Cost	Tota	l Actual Cost	
INO.		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations	32,850	80,850	80,850	80,850	
3	1408 Management Improvements	25,000				
4	1410 Administration	5,000				
5	1411 Audit	1,500		1,500	1,500	
6	1415 liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement	25,000	20,000	20,000	20,000	
10	1460 Dwelling Structures	95,000	80,000	80,000	80,000	
11	1465.1 Dwelling Equipment—Nonexpendable	30,000	32,000	31,858	31,858	
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1498 Mod Used for Development					
19	1502 Contingency	17,000				
20	Amount of Annual Grant: (sum of lines 2-19)	214,350	214,350	214,208	214,208	
21	Amount of line 20 Related to LBP Activities					

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA N	ame: Housing Authority of the City of Sterling, Colorado	Grant Type and Number Capital Fund Program: CO06P02550100 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 10-01-00 - 9-30-01	
	Original Annual Statement  Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: )  XPerformance and Evaluation Report for Period Ending: 9/02 XFinal Performance and Evaluation Report					
Line No.	Summary by Development Account	•		otal Actual Cost		
22	Amount of line 20 Related to Section 504 Compliance					
23	Amount of line 20 Related to Security					
24	Amount of line 20 Related to Energy Conservation Measures					

**Annual Statement/Performance and Evaluation Report** 

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)** 

**Part II: Supporting Pages** 

PHA Name: Housin	PHA Name: Housing Authority of the City of Sterling		mber		Federal FY of Grant: 10-01-00 -9-30-01			
		Capital Fund Progra	am #: CO06P0	2550100				
		Capital Fund Progra						
			Housing Factor #	:				
Development	General Description of Major Work	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of
Number	Categories							Proposed
Name/HA-Wide				Original	Revised	Funds	Funds	Work
Activities						Obligated	Expended	
CO025-1/2	Operations	1406		32,850	80,850	80,000	80,000	Complete
CO025-1/2	Management Improvements	1408		25,000	0	0	0	Complete
CO025-1/2	Administration	1410		5,000	0	0	0	Complete
CO025-1/2	Audit	1411		1,500		1,500	1,500	Complete
CO025-1/2	Site Improvement-Lighting	1450		25,000	20,000	20,000	20,000	Complete
CO025-1/2	Dwelling Structures-Bathrooms, Carpet	1460		95,000	80,000	80,000	80,000	Complete
CO025-1/2	Dwelling Equipment-Appliances	1465.1		30,000	32,000	31,858	31,858	Complete
	<u> </u>							

<b>Annual Statement</b>	Annual Statement/Performance and Evaluation Report										
Capital Fund Prog	gram and C	apital F	und Prog	gram Replac	ement Hous	ing Factor	· (CFP/CFPRHF)				
Part III: Impleme	entation Sch	edule		_							
PHA Name: Housing Auth	PHA Name: Housing Authority of the City of			nber			Federal FY of Grant: 10-31-00 - 9-30-01				
Sterling				m #: CO06P025							
	T			m Replacement Hor							
Development Number		and Obligate			Il Funds Expended		Reasons for Revised Target Dates				
Name/HA-Wide Activities	(Quarte	r Ending D	ate)	(Q	uarter Ending Date	e)					
Activities	Original	Revised	Actual	Original	Revised	Actual					
HA-Wide	9/02	Ttevised	9/02	9/02	revised	9/02	On Track & Complete				
1111 11100	J, 02		2102	2102		7,02	On Truck of Complete				

Ann	Annual Statement/Performance and Evaluation Report									
Cap	ital Fund Program and Capital Fund P	rogram Replacer	nent Housing Facto	or (CFP/CFPRHF) Pa	art 1: Summary					
PHA N	lame: Housing Authority of the City of Sterling	Grant Type and Number		· · · · · · · · · · · · · · · · · · ·	Federal FY of Grant:					
		Capital Fund Program: C	CO06P02550101		10-01-01 - 9-30-02					
		Capital Fund Program								
	Seinal Amunal Chahamana		ng Factor Grant No:	Deviced Assessed Charlessent (						
	☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no: )  XPerformance and Evaluation Report for Period Ending: 9/02 ☐ Final Performance and Evaluation Report									
Line	Summary by Development Account		Estimated Cost	Total	Actual Cost					
No.	Summary by Development Account	Total I	Estimated Cost	Total	Actual Cost					
1,00		Original	Revised	Obligated	Expended					
1	Total non-CFP Funds									
2	1406 Operations	106,684	40,000	40,000	40,000					
3	1408 Management Improvements									
4	1410 Administration									
5	1411 Audit	2,000	0	0	0					
6	1415 liquidated Damages									
7	1430 Fees and Costs									
8	1440 Site Acquisition									
9	1450 Site Improvement		2,500	2,500	2,500					
10	1460 Dwelling Structures	10,000	156,184	156,184	97,350					
11	1465.1 Dwelling Equipment—Nonexpendable	70,000	0	0						
12	1470 Nondwelling Structures									
13	1475 Nondwelling Equipment	30,000	20,000	20,000	20,000					
14	1485 Demolition									
15	1490 Replacement Reserve									
16	1492 Moving to Work Demonstration									
17	1495.1 Relocation Costs									
18	1498 Mod Used for Development									
19	1502 Contingency									
20	Amount of Annual Grant: (sum of lines 2-19)	218,684	218,684	218,684	159,850					
21	Amount of line 20 Related to LBP Activities									
22	Amount of line 20 Related to Section 504 Compliance									

Ann	Annual Statement/Performance and Evaluation Report									
Capi	Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary									
PHA N	ame: Housing Authority of the City of Sterling	Grant Type and Number		Federal FY of Grant:						
		06P02550101		10-01-01 - 9-30-02						
	Capital Fund Program									
	Replacement Housing Factor Grant No:									
Ori	Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: )									
XPerf	ormance and Evaluation Report for Period Ending: 9/	02 Final Performance	and Evaluation Report							
Line	Summary by Development Account	Total Esti	mated Cost	Total Ac	etual Cost					
No.										
23	Amount of line 20 Related to Security	18,000	18,000	18,000	18,000					
24	Amount of line 20 Related to Energy Conservation	38,000	38,000	38,000	38,000					
	Measures									

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

**Part II: Supporting Pages** 

Tart II. Supp	<u> </u>	Т				1		
PHA Name: Housing	g Authority of the City of Sterling	Grant Type and Nu				Federal FY of Grant: 10-01-01 - 09-30-02		
		Capital Fund Progr		2550101				
		Capital Fund Progr						
		Replacement I	Housing Factor #	:				
Development	General Description of Major Work	Dev. Acct No.	Quantity	Total Esti	mated Cost	Total Ac	tual Cost	Status of
Number	Categories							Proposed
Name/HA-Wide				Original	Revised	Funds	Funds	Work
Activities						Obligated	Expended	
CO025-1/2	Operations	1406		106,684	40,000	40,000	40,000	Complete
CO025-1/2	Audit	1411		2,000	0	0	0	Complete
CO025-1/2	Dwelling Structures	1460		10,000	156,184	156,184	97,349	On Track
CO025-1/2	Dwelling Equipment-Nonexpendable	1465.1		70,000	0	0	0	Complete
CO025-1/2	Non-dwelling Equipment	1475.7		20,000	20,000	20,000	20,000	Complete

<b>Annual Statement</b>	/Performa	nce and	Evaluatio	n Report			
Capital Fund Prog	gram and	Capital F	und Prog	gram Replac	ement Hous	ing Factor	(CFP/CFPRHF)
Part III: Impleme	entation So	chedule					
PHA Name: Houisng Auth	nority of the Cit		Type and Nur				Federal FY of Grant: 10-01-01 - 09-30-02
Sterling				m #: CO06P025			
	T			m Replacement Ho	-		
Development Number		Fund Obligat			Il Funds Expended		Reasons for Revised Target Dates
Name/HA-Wide Activities	(Qua	rter Ending D	rate)	(Q	uarter Ending Date	<del>2</del> )	
7 IOU VILLOS	Original	Revised	Actual	Original	Revised	Actual	
CO025-1/2	9/02		9/02	9/03		Pending	On Track

Ann	Annual Statement/Performance and Evaluation Report									
Cap	ital Fund Program and Capital Fund P	rogram Replacem	ent Housing Facto	or (CFP/CFPRHF) Pa	rt 1: Summary					
PHA N	ame: Housing Authority of the City of Sterling	Grant Type and Number		·	Federal FY of Grant:					
		Capital Fund Program: CO	O06P02550102		10-01-02 - 09-30-03					
		Capital Fund Program								
		Replacement Housing								
	ginal Annual Statement		9	Revised Annual Statement (re	vision no: 01)					
	formance and Evaluation Report for Period Ending:		e and Evaluation Report							
Line	<b>Summary by Development Account</b>	Total Es	timated Cost	Total A	ctual Cost					
No.		Original	Revised	Obligated	Expended					
1	Total non-CFP Funds	Original	Reviseu	Obligated	DApended					
2	1406 Operations	37,300	40,000	0	0					
3	1408 Management Improvements									
4	1410 Administration									
5	1411 Audit									
6	1415 liquidated Damages									
7	1430 Fees and Costs									
8	1440 Site Acquisition									
9	1450 Site Improvement	41,000	41,000	0	0					
10	1460 Dwelling Structures	108,000	126,461	0	0					
11	1465.1 Dwelling Equipment—Nonexpendable									
12	1470 Nondwelling Structures									
13	1475 Nondwelling Equipment									
14	1485 Demolition									
15	1490 Replacement Reserve									
16	1492 Moving to Work Demonstration									
17	1495.1 Relocation Costs									
18	1498 Mod Used for Development									
19	1502 Contingency									
20	Amount of Annual Grant: (sum of lines 2-19)	185,300	207,461	0	0					
21	Amount of line 20 Related to LBP Activities									
22	Amount of line 20 Related to Section 504 Compliance									
23	Amount of line 20 Related to Security									

Ann	Annual Statement/Performance and Evaluation Report								
Capi	Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary								
PHA N	ame: Housing Authority of the City of Sterling	Grant Type and Number		Federal FY of Grant: 10-01-02 - 09-30-03					
		Capital Fund Program: CO06P025501 Capital Fund Program	102		10-01-02 - 09-30-03				
		Replacement Housing Factor Grant N							
Ori	ginal Annual Statement	Reserve for Disasters/ Emergencies XRevised Annual Statement (revision no: 01)							
Per	formance and Evaluation Report for Period Ending:	Final Performance and Evaluat	tion Report						
Line	Summary by Development Account	<b>Total Estimated Cost</b>		Total Ac	tual Cost				
No.									
24	Amount of line 20 Related to Energy Conservation								
	Measures								

## Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

PHA Name: Housing Authority of the City of Sterling		Grant Type and Nu Capital Fund Progr Capital Fund Progr Replacement I	am #: CO06P0		Federal FY of Grant: 10-01-02 - 09-30-03			
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Esti	mated Cost	Total Actual Cost		Status of Proposed
Name/HA-Wide Activities	Ç			Original	Revised	Funds Obligated	Funds Expended	Work
CO025-1/2	Operations	1406		37,300	40,000	0	0	Pending
CO025-1/2	Site Improvement-Resurface Parkinglots	1450		41,000	41,000	0	0	Pending
CO025-1/2	D.Structures-Rehab kitchens/CommRm	1460		108,000	126,461	0	0	Pending

<b>Annual Statement</b>	/Performa	nce and l	Evaluatio	n Report			
Capital Fund Prog	gram and	Capital F	und Prog	gram Replac	ement Hous	ing Factor	(CFP/CFPRHF)
Part III: Impleme	entation So	chedule					
PHA Name: Housing Auth	nority of the Cit	y of Grant	Type and Nur				Federal FY of Grant: 10-01-02 - 09-30-03
Sterling				am #: CO06P02550102			
				m Replacement Hou			D 0 D 1 15 D
Development Number		Fund Obligate			ll Funds Expended		Reasons for Revised Target Dates
Name/HA-Wide Activities	(Qu	art Ending Da	ie)	(Q	uarter Ending Date	<del>2</del> )	
7 iouvides	Original	Revised	Actual	Original	Revised	Actual	
CO025-1/2	3/04			3/06			
						ļ	

Ann	Annual Statement/Performance and Evaluation Report									
	Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary									
	ame: Housing Authority of the City of Sterling	Grant Type and Number		,	Federal FY of Grant:					
		1 * -	06P02550103 Capital Fun	nd Program	10-01-03 - 09-30-04					
		Replacement Housing	Factor Grant No:							
	riginal Annual Statement	<del></del>		Revised Annual Statement (	revision no: )					
	formance and Evaluation Report for Period Ending:		and Evaluation Report							
Line	Summary by Development Account	Total Esti	imated Cost	Total A	ctual Cost					
No.			T .							
		Original	Revised	Obligated	Expended					
1	Total non-CFP Funds									
2	1406 Operations	60,000		0	0					
3	1408 Management Improvements									
4	1410 Administration									
5	1411 Audit									
6	1415 liquidated Damages									
7	1430 Fees and Costs									
8	1440 Site Acquisition									
9	1450 Site Improvement	20,000		0	0					
10	1460 Dwelling Structures	126,000		0	0					
11	1465.1 Dwelling Equipment—Nonexpendable									
12	1470 Nondwelling Structures									
13	1475 Nondwelling Equipment									
14	1485 Demolition									
15	1490 Replacement Reserve									
16	1492 Moving to Work Demonstration									
17	1495.1 Relocation Costs									
18	1498 Mod Used for Development									
19	1502 Contingency									
20	Amount of Annual Grant: (sum of lines 2-19)	206,000		0	0					
21	Amount of line 20 Related to LBP Activities									
22	Amount of line 20 Related to Section 504 Compliance	35,000								
23	Amount of line 20 Related to Security									

Annı	Annual Statement/Performance and Evaluation Report								
Capi	Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary								
PHA Na	me: Housing Authority of the City of Sterling	Grant Type and Number		Federal FY of Grant:					
		Capital Fund Program: CO06P02550103 Capital Fun	nd Program	10-01-03 - 09-30-04					
		Replacement Housing Factor Grant No:							
X Or	iginal Annual Statement	Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: )							
Perf	ormance and Evaluation Report for Period Ending:	Final Performance and Evaluation Report							
Line	Summary by Development Account	<b>Total Estimated Cost</b>	Total Act	tual Cost					
No.									
24	Amount of line 20 Related to Energy Conservation								
	Measures								

# Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages PHA Name: Housing Authority of the City of Sterling Grant Type and Number Foderal EV of Sterling Grant Type and Number

PHA Name: Housin	g Authority of the City of Sterling	Grant Type and Nu Capital Fund Progra Capital Fund Progra	am #: CO06P02 am	<b>Federal FY of Grant:</b> 10-01-03 - 09-30-04				
Development Number	General Description of Major Work Categories	Replacement Housing Factor #:  Dev. Acct No. Quantity Total Estimated Cost		mated Cost	Total Ac	Status of Proposed		
Name/HA-Wide Activities	C			Original	Revised	Funds Obligated	Funds Expended	Work
CO025-1/2	Operations	1406		60,000		0	0	Pending
CO025-1/2	Site Improvement-Benches/Signage	1450		20,000		0	0	Pending
CO025-1/2	D.Structures-Carpet/Windows CommRm & Carpet all units MacGuffie	1460		126,000		0	0	Pending

Annual Statement	Annual Statement/Performance and Evaluation Report										
Capital Fund Pro	gram and C	apital F	und Prog	gram Replac	ement Hous	ing Factor	· (CFP/CFPRHF)				
Part III: Impleme	entation Sch	redule									
PHA Name: Housing Autl	nority of the City		Type and Nur			Federal FY of Grant: 10-01-03 - 09-30-04					
Sterling				m #: CO06P025							
	T			m Replacement Hou							
Development Number		und Obligat			ll Funds Expended		Reasons for Revised Target Dates				
Name/HA-Wide Activities	(Quar	t Ending Da	ite)	(Q	uarter Ending Date	e) -					
	Original	Revised	Actual	Original	Revised	Actual					
CO025-1/2	3/05			3/07							
						<del> </del>					

#### **Capital Fund Program 5-Year Action Plan**

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

	CFP 5-Year Action Plan						
Original statem	ent X Revised statement						
Development							
Number	(or indicate PHA wide)						
	PHA Wide						
CO025-1/2							
Description of Need	ed Physical Improvements or Management	<b>Estimated Cost</b>	Planned Start Date				
Improvements			(HA Fiscal Year)				
Replace entrance do	oors, windows on ground floor (MacGregor)	65,000	2001				
Re-surface parking	lots	40,000	2002				
Replace countertops	s/cupboards/sinks (MacGuffie)	95,000	2002				
Rehab bathrooms/k	itchen area in Community Room per ADA (MacGuffie)	35,000	2002				
	lows in Community Room (MacGuffie)	30,000	2003				
	units and swinging interior doors – 10 units (MacGuffie)	60,000	2003				
	artment doors and exterior doors	25,000	2003				
_	ioners (3) at MacGregor	25,000	2004				
	nd re-side building including mansards (MacGregor)	75,000	2004				
	and 3 <sup>rd</sup> floors (MacGregor) including apartments	75,000	2005				
	l equipment at MacGuffie	20,000	2005				
Install insulation in	all attics (MacGregor and MacGuffie)	60,000	2006				
	Replace carpet 2 <sup>nd</sup> and 3 <sup>rd</sup> floors (including all apartments) at MacGregor 84,000						
Replace signage at 1	10,000	2007					
Replace flooring and	d windows at MacGuffie family units	75,000	2007				
Total estimated cost	over next 5 years	774,000					

#### **PHA Public Housing Drug Elimination Program Plan**

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices. **Section 1: General Information/History** A. Amount of PHDEP Grant \$ B. Eligibility type (Indicate with an "x") N1 N2 R C. FFY in which funding is requested D. Executive Summary of Annual PHDEP Plan In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long E. Target Areas Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC. **PHDEP Target Areas Total # of Units within Total Population to** (Name of development(s) or site) the PHDEP Target be Served within Area(s) the PHDEP Target Area(s) F. Duration of Program Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months). 12 Months 18 Months 24 Months

#### **G. PHDEP Program History**

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs <u>have not</u> been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

#### **Section 2: PHDEP Plan Goals and Budget**

#### **A. PHDEP Plan Summary**

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

**B.** PHDEP Budget Summary
Enter the total amount of PHDEP funding allocated to each line item.

FFY PHDEP Budget Summary							
Original statement							
Revised statement dated:							
Budget Line Item	Total Funding						
9110 – Reimbursement of Law Enforcement							
9115 - Special Initiative							
9116 - Gun Buyback TA Match							
9120 - Security Personnel							
9130 - Employment of Investigators							
9140 - Voluntary Tenant Patrol							
9150 - Physical Improvements							
9160 - Drug Prevention							
9170 - Drug Intervention							
9180 - Drug Treatment							
9190 - Other Program Costs							
TOTAL PHDEP FUNDING							

#### C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement		Total PHDEP Funding: \$				
Goal(s)						
Objectives						

Proposed Activities	# of	Target	Start	Expected	PHEDE	Other Funding	Performance Indicators
	Persons	Population	Date	Complete	P	(Amount/	
	Served			Date	Funding	Source)	
1.							
2.							
3.							

9115 - Special Initiative						Total PHDEP Funding: \$			
Goal(s)									
Objectives									
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators		
1.									
2.									
3.									

9116 - Gun Buyback TA Match						Total PHDEP Funding: \$			
Goal(s)									
Objectives									
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators		
1.									
2.									
3.									

9120 - Security Personnel			Total PHDEP Funding: \$				
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 – Employment of Investi			Total PHDEP Funding: \$				
Goal(s)					1		
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9140 – Voluntary Tenant Pa			Total PHDEP Funding: \$				
Goal(s)					1		
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements			Total PHDEP F	Funding: \$			
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention						Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators

1.				
2.				
3.				

9170 - Drug Intervention		Total PHDEP Funding: \$					
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment		Total PHDEI	P Funding: \$				
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

## **Required Attachment D: Resident Member on the PHA Governing Board**

1. [	Yes X No:	Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)							
A.	Name of resident member(s) on the governing board:								
В.	. How was the resident board member selected: (select one)?     Elected  Appointed								
C.	The term of appoint	tment is (include the date term expires):							
2.	assisted by the I	erning board does not have at least one member who is directly PHA, why not? The PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board. Other (explain):							
В.	Date of next term	expiration of a governing board member: 07/2003							
C.	Name and title of appointing official(s) for governing board (indicate appointing official for the next position):								
	Mr. Chip Steger, Mayor; Sterling, Colorado								

### Required Attachment E: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

All Tenants of the projects known as MacGregor, MacGuffie, MacLaren are members of the Resident Advisory Board; this group meets twice monthly. Due to the number of individuals involved (164), no names are listed.

#### **Required Attachment F: Comments of the Resident Advisory Board**

No comments received.

#### Required Attachment G: Conversion of Public Housing On-going Assessment

As per the "Voluntary Conversion of Developments from Public Housing Stock; Required Initial Assessments", the Housing Authority of the City of Sterling continues to assess this provision and certifies it has reviewed each covered development's operations as public housing, considered the implications of converting the public housing to tenant-based assistance and we have concluded that conversion of the development may be inappropriate because removal of the development would not meet the necessary conditions for voluntary conversion. The Housing Authority feels the following conditions are not present in that:

- \* Voluntary conversion will not be more expensive than continuing to operate the development as public housing; (we believe the opposite is true) and
- \* Voluntary conversion will principally benefit the residents of the public housing development to be converted and the community; (questionable) and
- \* Voluntary conversion will not adversely affect the availability of affordable housing in the community. (We feel this would definitely adversely impact the availability of affordable housing within the community)

Regarding specific questions the PHA must answer:

- \* How many of the PHA's development are subject to the Required Initial Assessment? Two (2)
- \* How many of the PHA's developments are not subject to the Required Initial Assessments based upon exemptions? None.
- \* How many Assessments were conducted for the PHA's covered developments? One for each development
- \* Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: None

In reviewing Notice PIH 2001-4, each PHA is required to answer the following questions:

- \* Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? Yes
- \* Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? No

The Housing Authority of the City of Sterling, Colorado has chosen **not** to utilize the bedroom adjustment approach in figuring our "average incomes" per development.

As we have one development (CO025001) with 50 units; the second (CO025002) has 60 units. All but ten (10) units are single bedroom and all are located on one contiguous site. In determining the "average" income per unit for the entire project, 109 units was utilized as we currently have one vacancy.

For CO025001, the total income was 453,330 divided by 50 occupied units = 9,061 average income.

For CO025002, the total income was 551,405 divided by 59 occupied units = 9,346 average income.

For both projects, the total income was 1,004,735 divided by 109 occupied units = 9,218 average income.

Then, in figuring each development against the whole project;

For CO025001, the average income was 9,061 divided by 9,218 (project average) = 98%

For CO025002, the average income was 9,346 divided by 9,218 (project average) = 101%

As you can see, we fall within the Established Income Range (EIR) of 85% to 115% and feel we will continue to be within this range. It can further be argued whether this is considered two developments or one project as we are in one contiguous site with the same CO025001/2 number.

The Admissions and Continuing Occupancy Policy does not address Deconcentration based upon the rational presented here.

#### **Attachment I: RASS Follow-up Plan**

As per the requirement to address those categories wherein a PHA scores below a 75% via the resident survey, I submit the following:

#### Communication – CO025 scored a 64% in this category.

As stated last year, efforts will <u>continue</u> to be made to improve this score by again addressing the results of this survey with the Resident Advisory Board/Tenant Organization (RAB/TO).

The PHA currently meets twice monthly with the RAB/TO to address tenants issues; it is a priority to meet with all concerned individuals and attempt to mutually address any unresolved issues.

#### Safety – CO025 scored a 67% in this category.

As stated in the previous years follow-up plan in this category, new intercom systems and 24 hour per day videotaping cameras have been installed on the complex. In addition, exterior lighting has be enhanced, as requested via the tenants, to improve the overall lighting on the complex, especially the parking lots.

The Sterling Police Department and Logan County Sheriff's Patrol do provide patrol service to the local PHA on a regular and consistent basis. The effort to bring a Neighborhood Watch Program to the complex has failed as we do not have the necessary 80% of individuals willing to participate.

The PHA will <u>continue</u> efforts to provide a safe, affordable housing project for all tenants residing here.

#### Neighborhood Appearance – CO025 scored a 68% in this category.

Efforts <u>continue</u> to keep hallways clean, trash/litter to a minimum, upkeep of all exterior sites a priority, and all indoor rodent activity to a minimum. Added efforts will be made to reduce any unnecessary noise within the complex.